

**STUDENT PARKING PERMIT REQUEST FORM**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ School Name: \_\_\_\_\_

City, State Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Category:  Graduate Student  MPH Student  SODM 2<sup>nd</sup>,3<sup>rd</sup> or 4<sup>th</sup> Year  
*(check applicable)*  Non-UConn Student  SODM 1<sup>st</sup> Year  SOM 2<sup>nd</sup>,3<sup>rd</sup> or 4<sup>th</sup> Year  
 UConn Student  SOM 1<sup>st</sup> Year  Other \_\_\_\_\_

I do not park on campus and decline a parking permit. I understand that I must obtain a permit to park on campus.

**VEHICLE/MOTORCYCLE REGISTRATION INFORMATION**

Handicap Permit #: \_\_\_\_\_

	License Plate #	State	Make	Model	Color
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

**PAYMENT INFORMATION**

Payment Type:  Cash  Check  Credit Card  Payroll Deduction  Transfer Voucher  
*(check one)* *(For Grad Assistants Only)*

**IMPORTANT:** If you no longer require parking you must return your permit to our office.

**PAYROLL DEDUCTION FOR GRADUATE ASSISTANTS ONLY**

*(Check One)*  I hereby authorize the State Comptroller to start the deduction of \$ \_\_\_\_\_ from each paycheck and remit said amount to the University of Connecticut Health Center.  
 I hereby authorize the State Comptroller to cancel my current payroll deduction.

**SIGNATURE**

\_\_\_\_\_  
Name (Please Print) Signature (Original Signature) Date

**FOR OFFICE USE ONLY**

Permit Issue Date: _____	Amount(s) _____	Payment Type: <i>(check one per payment)</i>				
Permit Cancel Date: _____	Paid: _____	Cash	Check	CC	PD	TV
Permit Type/Permit #: _____	\$ _____					
Parking Signature/Date: _____	\$ _____					